

Performance Indicators and Quality Improvement Standards

APPENDIX: ADULT MENTAL HEALTH DATA SOURCES

Annual Provider Survey

Data Type/Method: Provider Completed Survey; Completed by Community Support Workers and their Supervisors.

Target Population: All AMHI class members receiving Community Integration Services.

Approximate Sample Size: 1500 annually.

The Provider Survey is an annual point-in-time status assessment of all Class Members who are receiving Community Integration, Intensive Case Management, or Assertive Community Treatment (ACT) Services. The survey is designed to capture information regarding housing, employment, waiting for services, legal status, case management caseloads and utilization of treatment services. The survey is administered by Regional Consent Decree Coordinators (CDC) offices and completed by Community Support Workers, Intensive Case Managers, and ACT Providers. Six annual administrations of the survey have been completed. The survey was initially implemented in the summer of 2000.

Annual Class Member Survey:

Data Type/Method: Mail Survey

Target Population: AMHI Class Members.

Approximate sample size: 600 annually.

The Annual Class Member Survey is administered by mail in the spring. It is sent to all AMHI class members who reside in Maine. Consumers are asked to rate the quality and accessibility of their services. The survey contains demographic data, information about consumer satisfaction and information on questions to consumer outcomes.

Adult Consumer Satisfaction Survey (Data Infrastructure Grant):

Data Type/Method: Mail Survey

Target Population: Stratified random sample of consumers receiving Medicaid reimbursable Adult Mental Health Services.

Approximate Sample Size: 600

The Maine DHHS/OAMHS consumer survey is an adapted version of the National Mental Health Statistics Improvement (MHSIP) Consumer Survey that was specifically designed for use by adult recipients of mental health services. The survey is administered by mail in the Summer. It is currently used by all State Mental Health Authorities across the country and will allow for state-to-state comparisons of

satisfaction trends. The survey was designed to assess consumer experiences and satisfaction with their services and support in four primary domains, including: 1) Access to Services; 2) Quality and Appropriateness; 3) General Satisfaction; and 4) Outcomes.

Community Hospital Utilization Review Summary:

Data Type/Method: Service Review/Document Review

Target Population: Individuals admitted to community inpatient psychiatric hospitals on an emergency involuntary basis.

Approximate Sample Size: 140 admissions per quarter.

The Regional Utilization Review Nurses have responsibility to perform a clinical review of all individuals who are authorized for a community psychiatric admission utilizing Department funds. These occur primarily in Regions I and II. Utilization Review Nurses review all community admissions for appropriateness of the admission, including: compliance with active treatment guidelines; whether medical necessity was established; Blue Paper process completed; and patients rights were maintained, etc. The data collected as part of the clinical review is captured regionally and entered into a data system. Data is reported quarterly within the Consent Decree Performance Indicators and Quality Improvement Standards.

Community Support/PNMI Residential Enrollment Data:

Data Type/Method: Database containing demographic, clinical and diagnostic data for all consumers in Adult Mental Health Community Support Services and Adult Mental Health Residential (PNMI) Services.

Target Population: Adult Mental Health Consumers receiving Community Support or PNMI services.

Approximate Sample Size: 1600 consumers enrolled in Community Support or Adult Residential PNMI services.

The Enrollment database contains data elements for all Adult Mental Health Consumers who receive Community Support or Adult Mental Health Residential (PNMI) Services. The database was established in July of 2004 and began collecting the following data elements upon consumer enrollment into services; demographic data, DSM diagnostics, LOCUS scores, GAF scores, insurance type, and current services.

Community Support Services Wait List Data:

Data Type/Method: Provider Completed Survey; Completed by supervisors of Assertive Community Treatment (ACT), Community Integration (CI), Intensive Community Integration (ICI) and Intensive Case Management (ICM).

Target Population: Consumers receiving Community Integration/Assertive Community Treatment or Intensive Case Management from DHHS/OAMHS contracted agencies.

Approximate Sample Size: Wait List data is collected from over 50 sites statewide monthly.

Regional Consent Decree offices collect waiting list information once a month from contracted agencies that provide ACT, CI, ICI and ICM services. This data provides a monthly snapshot of individuals without Community Support Services who are presently waiting for a worker to be assigned to them. This data source also provides a snapshot of case management staff vacancies as well as consumer to worker ratios.

Data is collected and summarized for Class and Non-Class Members. Data is reported quarterly within the Consent Decree Performance Indictors and Quality Improvement Standards.

GREIVANCE TRACKING DATA:

Data Type/Method: Database containing information pertaining to Level II and Level III Grievances.

Target Population: Consumers receiving any Mental Health Services licensed, contracted or funded by DHHS.

The Tracking Data System contains grievances and rights violations for consumers in Adult Mental Health Services. The data system tracks the type of grievance, remedies, resolution and timeliness. Data is summarized and reported annually and quarterly within the Consent Decree Performance Indictors and Quality Improvement Standards.

INDIVIDUAL SUPPORT PLAN DOCUMENT REVIEW:

Data Type/Method: Service Review/Document Review

Target Population: Class Members receiving Community Support Services (ACT, CI, ICI, ICM)

Approximate Sample Size: 80 reviews per quarter.

The Regional Consent Decree Coordinators have responsibility to perform a review of class members receiving Community Support Services. Data collected as part of the review is captured regionally and entered into a data system. The ISP Document Review focuses on ISP goal development including the incorporation of strengths and barriers, the identification of unmet needs and consumer participation in the planning process.

INDIVIDULIZED SUPPORT PLAN (ISP) RESOURCE DATA SUMMARY (ISP RDS) TRACKING SYSTEM:

Data Type/Method: ISP RDS submitted by Community Support providers

Target Population: Adult Mental Health Consumers who receive Community Support Services (ACT, CI, ICI, ICM), PNMI Services or who request a service and are not in service.

The ISP Resource Data tracking system was implemented in March 2006. The data is maintained and reported on through the DHHS Enterprise Information System (EIS). The ISP RDS captures ISP completion dates and consumer demographic data. The ISP RDS also captures data on the current housing/living situation of the person receiving services as well as the current vocational and employment statuses. Needed resources are also tracked and include the following categories; Mental Health Services, Peer, Recovery and Support Services, Substance Abuse Services, Housing Resources, Health Care Resources, Legal Resources, Financial Resources, Educational Resources, Vocational Resources, Living Skills Resources, Transportation Resources, Personal Growth Resources and Other. The ISP RDS calculates unmet needs data by comparing current 90 day reviews to previous 90 days reviews. As the system was implemented in March 2006, the system is will be undergoing additional refinements in data collection and data reporting. Data is reported quarterly within the Consent Decree Performance Indictors and Quality Improvement Standards.

QUARTERLY CONTRACT PERFORMANCE INDICATOR DATA:

Data Type/Method: Performance Indicators

Target Population: All consumers receiving DHHS/OAMHS contracted services.

Approximate Sample Size: All consumers receiving DHHS/OAMHS contracted services.

The Quarterly Contract Performance Indicator System was implemented in July of 1998 at which time common performance indicators and reporting requirements were included in all contracts with provider agencies. Specific indicators were developed for each of the Adult Mental Health services areas. Performance indicator data is submitted by each contracted provider agency to the appropriate DHHS Regional Office as part of a standard quarterly reporting requirement. Upon receipt of the quarterly performance data, it is reviewed and checked for accuracy and is entered into a centralized data system. Data is reported quarterly within the Consent Decree Performance Indicators and Quality Improvement Standards.